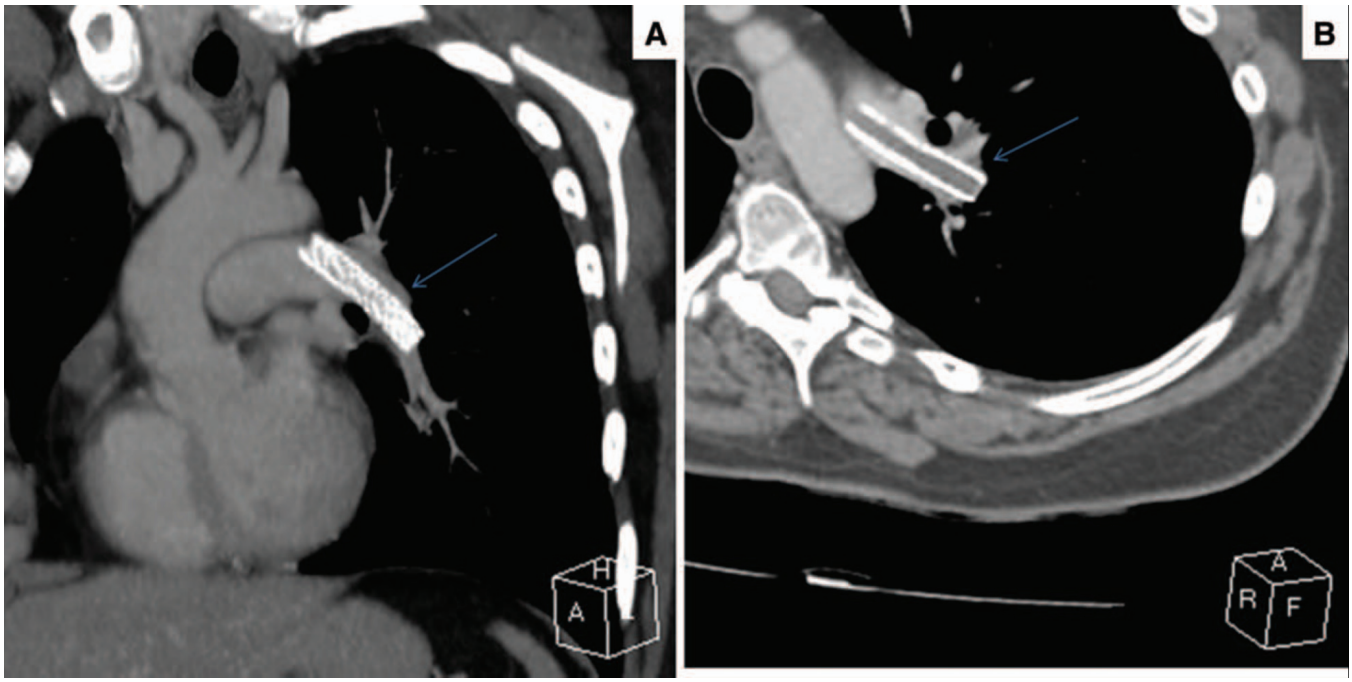

FIGURE 2. *A*, CT scan: coronal reconstruction with projection of the prosthesis at the dome of the left pulmonary artery (arrow). *B*, CT scan: horizontal section with a thrombosed prosthesis obstructing the the left lower lobe artery (arrow). CT, computed tomography.

was not observed until 3 to 4 weeks after.[2,3] The insertion of a vena cava stent must be avoided in SVCS caused by SCLC.[2]

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Erratum

Overexpression of EPH Receptor B2 in Malignant Mesothelioma Correlates with Oncogenic Behavior: Erratum

We would like to point out a methodologic error regarding peptide sc-1763P from Santa Cruz which we used for part of our EphB2 functional assays. SC-1763P is, in reality, not an EphB2 blocking peptide, and in fact is sold as a control to block the anti-EphB2 antibody sc-1763P. Hence, based on the information available on the sc-1763P peptide the effects we observed in the experiments shown in Fig. 5 are nonspecific effects and should not be attributed to inhibiting EphB2. Our shRNA data in the manuscript, however, will stand as proof of principle for the demonstration of the functional events associated with EphB2 in mesothelioma. Our gratitude to Dr. Elaine Pasquale, Professor at the Sanford-Burnham Medical Research Institute in La Jolla and an internationally renowned ephrin expert, for pointing out this error. Harvey I. Pass, MD Chandra Goparaju, PhD NYU Langone Medical Center New York, NY

Reference:

Goparaju C, Donington JS, Hsu T, Harrington R, Hirsch N, Pass HI. Overexpression of EPH receptor B2 in malignant mesothelioma correlates with oncogenic behavior. *J Thorac Oncol*. 2013;8:1203–1211.